

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Leonard Russ

Signature of Treasurer

Mr. Leonard Russ

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">287615.28</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">448771.47</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">36883.26</span>	<span style="border: 1px solid black; padding: 2px;">614294.17</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">485654.73</span>	<span style="border: 1px solid black; padding: 2px;">901909.45</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">71332.63</span>	<span style="border: 1px solid black; padding: 2px;">487587.35</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">414322.10</span>	<span style="border: 1px solid black; padding: 2px;">414322.10</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y  
 07 / 31 / 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

32098.60

570811.55

(ii) Unitemized .....

1784.66

21345.24

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

33883.26

592156.79

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

10000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

33883.26

602156.79

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

1931.13

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

3000.00

9000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

1206.25

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

36883.26

614294.17

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

36883.26

614294.17

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	832.63	10748.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	832.63	10748.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	450132.99
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	19500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	19500.00
29. Other Disbursements .....	1000.00	7206.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71332.63	487587.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71332.63	487587.35

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33883.26	602156.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	19500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33883.26	582656.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	832.63	10748.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1931.13
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	832.63	8816.98

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Abigail Benoit**

Mailing Address 629 Moresi Road

City State Zip Code  
Jeanerette LA 70544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Iberia North Healthcare Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2013

**Transaction ID : C2397100**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Kim Blunt**

Mailing Address 2414 Greendale Road

City State Zip Code  
Wilmington DE 19810-3453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KMB Medical Legal Consulting

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2013

**Transaction ID : C2397954**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Heath Boddy**

Mailing Address 2201 North 98th Street

City State Zip Code  
Lincoln NE 68505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nebraska Health Care Association

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2013

**Transaction ID : C2375934**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1025.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Elizabeth Casey**

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
 Westlake Village CA 91362-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Chase Group

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2013

**Transaction ID : C2397097**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

## **B. Phil Chase**

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
 Thousand Oaks CA 91362-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Chase Group

Occupation

Nursing Home Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2013

**Transaction ID : C2397101**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

## **C. Susan Chase**

Mailing Address 5374 Long Shadow Ct

City State Zip Code  
 Westlake Village CA 91362-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Chase Group

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2013

**Transaction ID : C2397099**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scott Chon**

Mailing Address 32475 Clinton Keith Road  
Suite 101

City State Zip Code  
Wildemar CA 92595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

New Financial

Financial Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2013

**Transaction ID : C2395467**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Marcia Cotter**

Mailing Address 904 Meadow Avenue

City State Zip Code  
Shoreview MN 55124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Parkinson's Specialty Care

CEO/Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2013

**Transaction ID : C2396026**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. RaeAnne Davis**

Mailing Address 9801 La Duke Drive

City State Zip Code  
Kensington MD 20895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

American Health Care Association

Chief Strategic Officer & Senior VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 22 / 2013

**Transaction ID : C2396022**

Amount of Each Receipt this Period

950.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anthony Durante

Mailing Address 26 North Broadway

City

Schenectady

State

NY

Zip Code

12305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DMN Management Services

Occupation

Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2013

Transaction ID : C2375939

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. Fonda Elliot

Mailing Address 240 Capitol St  
Ste 500

City

Charleston

State

WV

Zip Code

25301-2297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMFM, Inc.

Occupation

Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 05 / 2013

Transaction ID : C2408573

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Fonda Elliot

Mailing Address 240 Capitol St  
Ste 500

City

Charleston

State

WV

Zip Code

25301-2297

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMFM, Inc.

Occupation

Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 05 / 2013

Transaction ID : C2408574

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joanne E Erickson**

Mailing Address 911 S Randolph St

City State Zip Code  
Arlington VA 22204-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Editor in Chief, Provider Magazine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.20

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2013

**Transaction ID : C2397200**

Amount of Each Receipt this Period

95.24

\* Payroll Deduction: \$47.62 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Patrick Fairbanks**

Mailing Address 19915 Nina St.

City State Zip Code  
Omaha NE 68130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vetter Health Services

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2013

**Transaction ID : C2396025**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Patricia Giorgio**

Mailing Address 4702 Chestnut Ridge NE

City State Zip Code  
Cedar Rapids IA 52411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evergreen Estates

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 22 / 2013

**Transaction ID : C2396024**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1595.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Alan Graham**

Mailing Address 182 West Edge Drive

City State Zip Code  
Huntsville TX 77340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nexion Health Corporation

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2013

**Transaction ID : C2397132**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William J. Griffith**

Mailing Address 1421 T Street, NW  
Apt. #1

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Manager, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2013

**Transaction ID : C2397201**

Amount of Each Receipt this Period

34.80

\* Payroll Deduction: \$17.40 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Howard Groff**

Mailing Address 7400 West 109th Street

City State Zip Code  
Bloomington MN 55438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tealwood Senior Living

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2013

**Transaction ID : C2373325**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1784.80

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Herrick**

Mailing Address 33 Elk Street

City  
Albany

State  
NY

Zip Code  
12207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYS Health Facilities Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2013

**Transaction ID : C2397937**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michele Hughes**

Mailing Address 345 Willow Drive

City  
Erma

State  
NJ

Zip Code  
08204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emeritus Senior Living

Occupation  
Senior Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2013

**Transaction ID : C2397134**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David Jacobs**

Mailing Address 2145 Great Elm Lane

City  
Highland Park

State  
IL

Zip Code  
60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medline Industries Inc.

Occupation  
Senior VP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 13 / 2013

**Transaction ID : C2379917**

Amount of Each Receipt this Period

143.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

893.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer S Knorr Hahs**

Mailing Address 900 N Randolph St  
Apt 1927

City State Zip Code  
Arlington VA 22203-4082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.76

Date of Receipt

07 / 25 / 2013

Transaction ID : C2397202

Amount of Each Receipt this Period

86.96

\* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. David A Kylo**

Mailing Address 4621 28th Road South

City State Zip Code  
Arlington VA 22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Center for Assisted Living

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.32

Date of Receipt

07 / 25 / 2013

Transaction ID : C2397203

Amount of Each Receipt this Period

266.66

\* Payroll Deduction: \$133.33 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Judy Manasco**

Mailing Address Nexion  
490 Cedar Lane

City State Zip Code  
Many LA 71449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nexion Health Care

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 25 / 2013

Transaction ID : C2397135

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

853.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bethany R Martino**

Mailing Address 8559 Window Latch Way

City State Zip Code  
Columbia MD 21045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

939.24

Date of Receipt

MM / DD / YYYY  
07 / 25 / 2013

**Transaction ID : C2397205**

Amount of Each Receipt this Period

156.54

\* Payroll Deduction: \$78.27 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Patrick Martone**

Mailing Address 26 North Broadway

City State Zip Code  
Schenectady NY 12305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capital Living Nursing & Rehabilitation

Occupation  
Health Care Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY  
07 / 09 / 2013

**Transaction ID : C2375940**

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**C. Melanie Matthews**

Mailing Address 2121 Golden Maples Ct. NW

City State Zip Code  
Olympia WA 98502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prestige Care

Occupation  
Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 30 / 2013

**Transaction ID : C2397955**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1031.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roberts T. Nelson**

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code  
 Westlake Village CA 91362-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Chase Group

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
 07 / 24 / 2013

**Transaction ID : C2397098**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Julie C Painter**

Mailing Address 5023 Waple Ln

City State Zip Code  
 Alexandria VA 22304-7727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.88

Date of Receipt

MM / DD / YYYY  
 07 / 25 / 2013

**Transaction ID : C2397207**

Amount of Each Receipt this Period

43.48

\* Payroll Deduction: \$21.74 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Mark V Parkinson**

Mailing Address 8930 Harvest Square Ct

City State Zip Code  
 Potomac MD 20854-4475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
 07 / 25 / 2013

**Transaction ID : C2397208**

Amount of Each Receipt this Period

400.00

\* Payroll Deduction: \$200.00 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1693.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Christopher Parks**

Mailing Address 1730 Truro Rd

City

Crofton

State

MD

Zip Code

21114-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director of IT and Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.88

Date of Receipt

07 / 25 / 2013

Transaction ID : C2397209

Amount of Each Receipt this Period

43.48

\* Payroll Deduction: \$21.74 Bi-Weekly

Full Name (Last, First, Middle Initial)

## **B. Katherine Preede**

Mailing Address 1200 S Courthouse Road  
Apt 428

City

Arlington

State

VA

Zip Code

22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Manager Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 25 / 2013

Transaction ID : C2397211

Amount of Each Receipt this Period

40.00

\* Payroll Deduction: \$20.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

## **C. Mebane Pruitt**

Mailing Address 4275 NE Lakehaven Drive

City

Atlanta

State

GA

Zip Code

30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

07 / 09 / 2013

Transaction ID : C2375935

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1333.48



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Neil L. Pruitt Sr.**

Mailing Address PO Box 1210

City

Toccoa

State

GA

Zip Code

30577-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pruitt Corp.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2013

**Transaction ID : C2375936**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Shari Richey**

Mailing Address 200 Southwood Drive

City

Henderson

State

TX

Zip Code

75652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwood Nursing & Rehab Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2013

**Transaction ID : C2397139**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Frank Romano Jr.**

Mailing Address 57 Summer St

City

Rowley

State

MA

Zip Code

01969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Essex Group

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2013

**Transaction ID : C2363299**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stacy H. Rotolo**

Mailing Address 17441 W Muirfield Dr

City

Baton Rouge

State

LA

Zip Code

70810-5962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Briar Hill Management, LLC

Occupation

Owner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1458.00

Date of Receipt

07 / 02 / 2013

**Transaction ID : C2373275**

Amount of Each Receipt this Period

833.00

Full Name (Last, First, Middle Initial)

**B. Jesse Samples**

Mailing Address 451 Truman Rd

City

Franklin

State

TN

Zip Code

37064-8322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Health Care Association

Occupation

State Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 25 / 2013

**Transaction ID : C2397140**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. John Kennon Shea**

Mailing Address 1810 Gillespie Way  
Ste 212

City

El Cajon

State

CA

Zip Code

92020-0921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kennon S. Shea & Associates

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

07 / 09 / 2013

**Transaction ID : C2375938**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2333.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer S Shimer**

Mailing Address 9507 Shelly Krasnow Ln

City  
Fairfax

State  
VA

Zip Code  
22031-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.76

Date of Receipt

07 / 25 / 2013

Transaction ID : C2397214

Amount of Each Receipt this Period

86.96

\* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Elise Smith**

Mailing Address 2022 Columbia Rd NW

City

Washington

State

DC

Zip Code

20009-1323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

VP Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 25 / 2013

Transaction ID : C2397215

Amount of Each Receipt this Period

100.00

\* Payroll Deduction: \$50.00 Bi-Weekly

Full Name (Last, First, Middle Initial)

**c. David Stallard**

Mailing Address 1305 West Causeway Approach, Ste 1

City

Mandeville

State

LA

Zip Code

70471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Extended Care Centers, LLC

Occupation

Managing Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

07 / 14 / 2013

Transaction ID : C2379980

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1436.96

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Torgan**

Mailing Address 5120 West Goldleaf Circle  
# 400

City State Zip Code  
Los Angeles CA 90056-1297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Country Villa Health Services

Occupation  
Vice President, Customer Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2013

**Transaction ID : C2375937**

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**B. Lisa Toti**

Mailing Address 2140 River Oaks Drive

City State Zip Code  
Salem VA 24153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American HealthCare, LLC

Occupation  
Vice President of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 22 / 2013

**Transaction ID : C2396021**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Paula Warren**

Mailing Address 1201 L Street, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA/NCAL

Occupation  
CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2013

**Transaction ID : C2397936**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Brett Waters**

Mailing Address 2416 Mesa Street

City

Idaho Falls

State

ID

Zip Code

83401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Beginnings Community Living Home

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 22 / 2013

**Transaction ID : C2396023**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Christine Wilson**

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AHCA

Occupation

Sr. Manager, Business Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.88

Date of Receipt

07 / 25 / 2013

**Transaction ID : C2397216**

Amount of Each Receipt this Period

43.48

\* Payroll Deduction: \$21.74 Bi-Weekly

Full Name (Last, First, Middle Initial)

## **c. QL Allison Care Center LLC**

Mailing Address 1660 Allison Street

City

Lakewood

State

CO

Zip Code

80214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

07 / 25 / 2013

**Transaction ID : C2397127**

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

543.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John D Brammeier**

Mailing Address 32 Desert Willow Lane

City State Zip Code  
 Littleton CO 80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2013

**Transaction ID : C2408592**

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

\*

Full Name (Last, First, Middle Initial)

**B. Amberwood Court Care Center**

Mailing Address 4686 E Asbury Cir

City State Zip Code  
 Denver CO 80222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2013

**Transaction ID : C2397143**

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

**c. John D Brammeier**

Mailing Address 32 Desert Willow Lane

City State Zip Code  
 Littleton CO 80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2013

**Transaction ID : C2408581**

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. QL Cambridge Care Center, LLC**

Mailing Address 1685 Eaton St

City

Lakewood

State

CO

Zip Code

80214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

562.50

Date of Receipt

07 / 25 / 2013

Transaction ID : C2397145

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

## **B. John D Brammeier**

Mailing Address 32 Desert Willow Lane

City

Littleton

State

CO

Zip Code

80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / 25 / 2013

Transaction ID : C2408582

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

## **C. Eagle Ridge, LLC dba Eagle Ridge of Grand Valley**

Mailing Address 2425 Teller Ave

City

Grand Junction

State

CO

Zip Code

81501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

562.50

Date of Receipt

07 / 25 / 2013

Transaction ID : C2397147

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. John D Brammeier

Mailing Address 32 Desert Willow Lane

City State Zip Code  
Littleton CO 80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 25 2013

Transaction ID : C2408583

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

B. QL Harmony Pointe Nursing Center LLC

Mailing Address 1655 Yarrow Street

City State Zip Code  
Lakewood CO 80214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 25 2013

Transaction ID : C2397149

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

c. John D Brammeier

Mailing Address 32 Desert Willow Lane

City State Zip Code  
Littleton CO 80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 25 2013

Transaction ID : C2408593

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. QL Lowry Park, LLC**

Mailing Address 8505 Lowry Blvd

City

Denver

State

CO

Zip Code

80230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

562.50

Date of Receipt

07 / 25 / 2013

**Transaction ID : C2397152**

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

## **B. John D Brammeier**

Mailing Address 32 Desert Willow Lane

City

Littleton

State

CO

Zip Code

80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / 25 / 2013

**Transaction ID : C2408584**

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

## **C. North Star Community**

Mailing Address 3185 W Arkansas Ave

City

Denver

State

CO

Zip Code

80219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

562.50

Date of Receipt

07 / 25 / 2013

**Transaction ID : C2397154**

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John D Brammeier**

Mailing Address 32 Desert Willow Lane

City State Zip Code  
Littleton CO 80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / 25 / 2013

Transaction ID : C2408585

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. QL Rocky Mountain LLC**

Mailing Address 2201 Downing Street

City State Zip Code  
Denver CO 80205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

07 / 25 / 2013

Transaction ID : C2397157

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

**c. John D Brammeier**

Mailing Address 32 Desert Willow Lane

City State Zip Code  
Littleton CO 80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / 25 / 2013

Transaction ID : C2408594

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sierra Healthcare Community**

Mailing Address 1432 Depew St

City	State	Zip Code
Lakewood	CO	80214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2013

**Transaction ID : C2397160**

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

**B. John D Brammeier**

Mailing Address 32 Desert Willow Lane

City	State	Zip Code
Littleton	CO	80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2013

**Transaction ID : C2408586**

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Sequoia Care Community**

Mailing Address 6060 E Iliff Ave

City	State	Zip Code
Denver	CO	80222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2013

**Transaction ID : C2397162**

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 45  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John D Brammeier**

Mailing Address 32 Desert Willow Lane

City State Zip Code  
 Littleton CO 80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 25 2013

Transaction ID : C2408587

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. QL Uptown Health Care Center LLC**

Mailing Address 745 East 18th Avenue

City State Zip Code  
 Denver CO 80203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 25 2013

Transaction ID : C2397164

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

**c. John D Brammeier**

Mailing Address 32 Desert Willow Lane

City State Zip Code  
 Littleton CO 80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 25 2013

Transaction ID : C2408588

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Vivage**

Mailing Address 12136 W Bayaud Ave  
Ste 200

City State Zip Code  
Lakewood CO 80228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2013

**Transaction ID : C2397166**

Amount of Each Receipt this Period

1750.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

## **B. John D Brammeier**

Mailing Address 32 Desert Willow Lane

City State Zip Code  
Littleton CO 80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2013

**Transaction ID : C2408608**

Amount of Each Receipt this Period

1375.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

## **C. Jay Moskowitz**

Mailing Address 12136 West Bayard Avenue  
Suite 200

City State Zip Code  
Lakewood CO 80228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2013

**Transaction ID : C2408607**

Amount of Each Receipt this Period

375.00

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Aspen Care Community**

Mailing Address 315 W Arkansas Ave

City

Denver

State

CO

Zip Code

80219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

562.50

Date of Receipt

07 / 25 / 2013

Transaction ID : C2397167

Amount of Each Receipt this Period

312.50

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

## **B. John D Brammeier**

Mailing Address 32 Desert Willow Lane

City

Littleton

State

CO

Zip Code

80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

07 / 25 / 2013

Transaction ID : C2408590

Amount of Each Receipt this Period

312.50

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

## **C. Aspen Care Community**

Mailing Address 315 W Arkansas Ave

City

Denver

State

CO

Zip Code

80219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

562.50

Date of Receipt

07 / 25 / 2013

Transaction ID : C2397169

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

562.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. John D Brammeier

Mailing Address 32 Desert Willow Lane

City State Zip Code  
 Littleton CO 80127

FEC ID number of contributing federal political committee.

C

Name of Employer

Vivage

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 25 2013

Transaction ID : C2408589

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

B. Brookshire House

Mailing Address 4660 E Asbury Cir

City State Zip Code  
 Denver CO 80222

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 25 2013

Transaction ID : C2397171

Amount of Each Receipt this Period

312.50

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

c. John D Brammeier

Mailing Address 32 Desert Willow Lane

City State Zip Code  
 Littleton CO 80127

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Vivage

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 25 2013

Transaction ID : C2408591

Amount of Each Receipt this Period

312.50

[MEMO ITEM]

\*

SUBTOTAL of Receipts This Page (optional)..... ►

312.50

TOTAL This Period (last page this line number only)..... ►

32098.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 45  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. PAT ROBERTS FOR US SENATE INC**

Mailing Address PO BOX 433

City State Zip Code  
 GREAT BEND KS 67530

FEC ID number of contributing  
federal political committee.

C C00128876

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 25 2013

Transaction ID : C2408605

Amount of Each Receipt this Period

3000.00

Refund of 6/24/2010 Pat Roberts Victory Committee contribution

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

3000.00



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

8.66

07 / 02 / 2013

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

40.24

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '07' with two squares above it. The second display shows '05' with two squares above it. The third display shows '2013' with four squares above it.

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

44.89

93.79

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 45

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
07 08 2013
**Transaction ID : D147881**

Amount of Each Disbursement this Period

39.38

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
07 15 2013
**Transaction ID : D147883**

Amount of Each Disbursement this Period

139.39

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
07 17 2013
**Transaction ID : D147884**

Amount of Each Disbursement this Period

4.50

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

183.27

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

Category/  
Type

3.15

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

MM / DD / YYYY

07 / 15 / 2013

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

154.26

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Health Care Association Political Action Committee

Category/  
Type

327.01

07 / 22 / 2013

Category/  
Type

74.30

Category/  
Type

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has 10 evenly spaced vertical tick marks. The bottom beam has 10 evenly spaced vertical tick marks. The left end of the bottom beam is connected to a vertical support. The right end of the bottom beam is connected to a vertical support. The top beam is connected to the left vertical support. The top beam is connected to the right vertical support.

401.31

**TOTAL** This Period (last page this line number only).....

832.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BOEHNER FOR SPEAKER COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

Mailing Address 631-B PENNSYLVANIA AVE., SE  
BASEMENT UNIT

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type**Transaction ID : D147278**

Amount of Each Disbursement this Period

10000.00
----------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kevin Brady**Category/  
Type**Transaction ID : D147494**

Amount of Each Disbursement this Period

5000.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Full Name (Last, First, Middle Initial)

**C. Common Ground PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Mailing Address 20 W. Maple Street

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type**Transaction ID : D147490**

Amount of Each Disbursement this Period

5000.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20000.00
----------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Continuing America's Strength and Security PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

Mailing Address PO Box 80505

City	State	Zip Code
Baton Rouge	LA	70898-0505

**Transaction ID : D147281**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Friends of John Delaney**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Mailing Address PO Box 60320

City	State	Zip Code
Potomac	MD	20859-0320

**Transaction ID : D147078**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2500.00
---------

**John K. Delaney**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: MD District: 06

Full Name (Last, First, Middle Initial)

**C. IMPACT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

Mailing Address 192 Lexington Ave  
Suit 1001

City	State	Zip Code
New York	NY	10016

**Transaction ID : D147488**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
----------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. LEADERSHIP FOR TODAY AND TOMORROW**

Mailing Address 607 14TH STREET NW SUITE 800

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2013

Transaction ID : D147495

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. LOBO PAC**

Mailing Address P.O. Box 492

City	State	Zip Code
Albuquerque	NM	87103

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2013

Transaction ID : D147081

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. LOEBSACK FOR CONGRESS**

Mailing Address PO Box 3013

City	State	Zip Code
Iowa City	IA	52244

Purpose of Disbursement  
Contribution

Candidate Name

Rep. Dave Loebsack

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IA District: 02

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2013

Transaction ID : D147673

Amount of Each Disbursement this Period

2000.00
---------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7000.00
---------

--





	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

### A. GARDNER FOR CONGRESS

Date of Disbursement

07 / 09 / 2013

Transaction ID : D147079

Amount of Each Disbursement this Period

Category/  
Type

Rep. Cory Gardner

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: CO District: 04

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DAN MAFFEI**

Date of Disbursement

07 / 22 / 2013

Mailing Address PO Box 230

City	State	Zip Code
Syracuse	NY	13201

Transaction ID : D147493

Purpose of Disbursement	Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Rep. Dan B. Maffei

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: NY District: 24

Full Name (Last, First, Middle Initial)  
**C. LANGEVIN FOR CONGRESS**

Date of Disbursement

07 / 29 / 2013

Mailing Address 181A Knight Street

City	State	Zip Code
Warwick	RI	02886

Transaction ID : D147672

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	100.00
2. To provide for the maintenance and repair of the equipment	100.00
3. To provide for the maintenance and repair of the furniture	100.00
4. To provide for the maintenance and repair of the fixtures	100.00
5. To provide for the maintenance and repair of the grounds	100.00
6. To provide for the maintenance and repair of the utilities	100.00
7. To provide for the maintenance and repair of the security	100.00
8. To provide for the maintenance and repair of the insurance	100.00
9. To provide for the maintenance and repair of the taxes	100.00
10. To provide for the maintenance and repair of the other expenses	100.00
<b>Total</b>	<b>1,000.00</b>

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Rep. James R. Langevin

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: RI District: 02

**SUBTOTAL** of Disbursements This Page (optional).....

7500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. COURTNEY FOR CONGRESS**

Mailing Address 38 Risley Road

City Vernon	State CT	Zip Code 06066
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joe Courtney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

**Transaction ID : D147075**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF LOIS CAPPs**

Mailing Address PO Box 23940

City Santa Barbara	State CA	Zip Code 93121
-----------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Lois Capps**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2013

**Transaction ID : D147491**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Mailing Address 6 E Street, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Lucille Roybal-Allard**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 40

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

**Transaction ID : D147076**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DUFFY FOR CONGRESS**

Mailing Address PO Box 538

City Wausau	State WI	Zip Code 54402
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Sean P. Duffy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

**Transaction ID : D147279**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Ryan-NRCC Victory Committee**Mailing Address 2470 Daniells Bridge Rd  
Suite 121

City Athens	State GA	Zip Code 30606
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

**Transaction ID : D147080**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MARK PRYOR FOR US SENATE**

Mailing Address PO BOX 2720

City LITTLE ROCK	State AR	Zip Code 72203
---------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Mark Pryor**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2013

**Transaction ID : D147671**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00
----------

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Health Care Association Political Action Committee

### A. THE MADISON PAC

Date of Disbursement

Transaction ID : D147077

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

2500.00

**TOTAL** This Period (last page this line number only).....

69500.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

American Health Care Association Political Action Committee

### A. Citizens for Grassley

Mailing Address 30601 Deer Trail Dr.

City	State	Zip Code
New Hartford	IA	50660

Purpose of Disbursement	Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D147280

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

[illegible]

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....